



## OFFICE POLICY AND PROCEDURES

Updated 02/06/2023

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### PSYCHOLOGICAL SERVICES

**Psychotherapy can have benefits and risks.** Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### INTERACTING

If we have a chance encounter in a public place, please be aware that in order to protect your confidentiality I will not engage in a conversation with you. I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters because **email and text are not secure ways to contact me**. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context is much more secure as a mode of communication.

### MEETINGS

**All services are provided by appointment.** A typical session is 55 minute long, but can be longer or shorter if needed.

### TELEPSYCHOLOGY RISKS AND BENEFITS

Telepsychology refers to providing psychological services remotely using telecommunications technologies, such as video conferencing. **Telepsychology carries some additional risks to confidentiality.** Because telepsychology sessions take place outside of the psychologist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted.

**\*I have read and agree to abide by these policies** (please initial) \_\_\_\_\_

## **MISSED APPOINTMENTS**

**Unless you provide 24 hours advance notice, there will be a charge (see below) for “no show” or late cancellation.** The exception includes both of us agreeing that you were unable to cancel or attend due to circumstances beyond your control. Please be advised that in most cases I will not consider unexpected additional work responsibilities (having to work late, having to work an extra shift, etc.) to be such circumstance.

## **BILLING AND PAYMENTS**

**I require to have your credit card on file which will be charged your session fee at the time the session is held, unless we agree otherwise. All client checks returned due to insufficient funds will incur the bounced check fee (see below).** Payment schedules for other professional services will be agreed to when they are requested.

## **PROFESSIONAL FEES**

In addition to weekly appointments, I charge the same hourly fee for other professional services you may need, though I will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings, I may testify only if either you are now hiring me as an evaluator or I am compelled to testify by another party. In those cases, you will be expected to pay for my professional time. Because of the difficulty of legal involvement, I charge a higher per hour fee for preparation, travel to, and attendance at any legal proceeding. These moneys will be charged on an ongoing retainer basis, based on the time estimate.

55-minute evaluation or therapy session	\$165
55-minute couples session with one or both members present	\$200
Legal proceedings	\$250/hour
Bounced check	\$25
Late cancellation	\$60

## **INSURANCE REIMBURSEMENT**

I do not accept payments from medical insurance companies. Upon your request, I will provide you with a “Superbill” for each session, which you can submit to your medical insurance company for reimbursement under their “out of network” policy. Please check with your insurance company on the specifics of their policies.

## **EMERGENCIES**

**I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return your emergency calls shortly. Non-emergency calls will be returned within 24 hours, with the exception of weekends, holidays, and vacations.** If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can’t wait for me to return your call, contact your family physician, the nearest emergency room, or call **911**. If you are located in Berks County, you can also call **Crises Services at 610-236-0530**.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You can request and I will always be happy to send them to a mental health professional of your choice. Clients will be charged an appropriate fee for any time spent in preparing information requests.

## **CONFIDENTIALITY**

Please read the Privacy Notice for the description of the confidentiality policy.

**\*I have read and agree to abide by these policies (please initial) \_\_\_\_\_**

**NOTIFICATION OF REFERRING PERSON**

If the referral source is your medical provider, may I communicate with them regarding your commencement and termination of therapy, proposed treatment, diagnosis, and progress? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Provider \_\_\_\_\_  
Title Name Address Phone Number

**EMERGENCY CONTACT**

May I leave a message with the emergency contact if such is provided below? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Title (Ms./Mr./Dr./etc.) First Middle Last

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Phone \_\_\_\_\_  
Home Business Mobile

**THIRD PARTY PAYER**

If you would like an individual other than you to be responsible for payment, may I communicate with them about such payment if need arises? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**\*I authorize to have my session fees to be charged to the credit card on file (please initial) \_\_\_\_\_**

**Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.**

\*Client's Name \_\_\_\_\_

\*Signature \_\_\_\_\_

\*Date \_\_\_\_\_

\* This information is required